



GT Hydraulic & Bearing Inc.

Box 1434 ~ Stettler, AB ~ T0C 2L0

Ph: 403.742.1707 Fx: 403.742.2490

Email: greg@gthyd.com



Associate Dealer

Employment Application

Date:

Personal Information

Last Name: First Name & Middle Initial: Current Age: Married Common Law
 Divorced Single

Address: City: Province: Postal Code:

Home Phone: Cell Phone: Work Phone: Email Address:

Position Applying For

Requested Department: Requested Position: Salary or Wage Desired:

Applying for: Full-time Part-time After School Temporary

How were you referred? Internet Newspaper Employee referral Other

Education

High School:
Name: City: Level Completed:

College or University:
Name: City: Level Completed:

Business, Technical, or Trade School:
Name: City: Level Completed:

Job Related Training (ex: WHIMIS, H2S, First Aid etc.)
Title of Accreditation: Organization Obtained From: Level Completed/Expiry Date:
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Title of Accreditation: Organization Obtained From: Level Completed/Expiry Date:

Employment Application Continued...

Experience

Regardless of employment history please check the industry(s) you feel you are most experienced with:

Agriculture Oilfield Logging Mining Other(please explain)

Job History

Company Name: <input type="text"/>	City: <input type="text"/>	Phone Number: <input type="text"/>	Time Employed: <input type="checkbox"/> Years <input type="checkbox"/> Months
Supervisor Name(s): <input type="text"/>	Position(s) Held: <input type="text"/>		

Company Name: <input type="text"/>	City: <input type="text"/>	Phone Number: <input type="text"/>	Time Employed: <input type="checkbox"/> Years <input type="checkbox"/> Months
Supervisor Name(s): <input type="text"/>	Position(s) Held: <input type="text"/>		

Company Name: <input type="text"/>	City: <input type="text"/>	Phone Number: <input type="text"/>	Time Employed: <input type="checkbox"/> Years <input type="checkbox"/> Months
Supervisor Name(s): <input type="text"/>	Position(s) Held: <input type="text"/>		

References (minimum of 3)

Name: <input type="text"/>	Phone Number: <input type="text"/>	Email Address (if applicable): <input type="text"/>
Name: <input type="text"/>	Phone Number: <input type="text"/>	Email Address (if applicable): <input type="text"/>
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